

LABORATORY TESTING DECLARATION

Name of laboratory (as listed on CLIA certificate)	Laboratory location	CLIA number
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Check and name all tests (by manufacturer and equipment) which are performed in your laboratory and indicate the annual volume of tests performed by subspecialty. Attach separate page if additional space is needed.

☐ Waived tests only

☐ Physician performed microscopy procedures only

010 Histocompatibility _____
Annual Volume _____

110 Bacteriology

- ☐ Gram stain _____
☐ Direct antigen _____
☐ Limited identification _____
☐ Throat _____
☐ Urine _____
☐ G.C. _____
☐ ID genus and species _____
☐ Susceptibility testing _____
☐ C. difficile Ag _____
☐ Molecular diagnostics _____

Annual Volume _____

115 Mycobacteriology

- ☐ Acid fast stain _____
☐ ID acid fast _____
☐ ID and/or susceptibility for M.T.B. _____
☐ ID and susceptibility for all acid fast _____
☐ Molecular diagnostics _____

Annual Volume _____

120 Mycology

- ☐ ID yeast and/or dermatophytes _____
☐ ID genus _____
☐ ID genus and species _____

Annual Volume _____

130 Parasitology

- ☐ Wet mounts and/or pinworms preparation _____
☐ ID conc. and/or stain _____

Annual Volume _____

140 Virology

- ☐ Direct antigen _____
☐ ID _____
☐ Molecular diagnostics _____

Annual Volume _____

210 Syphilis serology

- ☐ FTA-ABS _____
☐ RPR _____
☐ RST _____
☐ VDRL _____
☐ MHA-TP _____

Annual Volume _____

220 General immunology

- ☐ Alpha-1 antitrypsin _____
☐ Alpha-fetoprotein _____
☐ Antihuman immunodeficiency virus (HIV) _____
☐ Antinuclear antibody _____
☐ Antistreptolysin O _____
☐ Complement C3 _____
☐ Complement C4 _____
☐ CRP _____
☐ Hepatitis A antibody _____
☐ Hepatitis B core Ab _____
☐ HBsAb _____
☐ HBsAg _____
☐ HBeAg _____
☐ Hepatitis C Ab _____
☐ H. pylori Ab _____
☐ IgA _____
☐ IgE _____
☐ IgG _____
☐ IgM _____
☐ Infectious mononucleosis _____
☐ Rheumatoid factor _____
☐ Rubella _____

Annual Volume _____

310 Routine chemistry

- ☐ Alanine aminotransferase (ALT/SGPT) _____
☐ Albumin _____
☐ Alkaline phosphatase _____
☐ Ammonia _____
☐ Amylase _____
☐ Aspartate aminotransferase (AST/SGOT) _____
☐ Bilirubin, total _____
☐ Blood gases: ☐ pH ☐ pCO₂ ☐ pO₂ _____
☐ Calcium _____
☐ CEA _____
☐ Chloride _____
☐ Cholesterol, high density lipoprotein (HDL) _____
☐ Cholesterol, total _____
☐ CO₂ _____
☐ Creatine kinase _____
☐ Creatine kinase, iso and CKMB _____
☐ Creatinine _____
☐ Cryoglobulin _____
☐ Ferritin _____
☐ Folate _____
☐ Gamma GT _____
☐ Glucose, serum _____
☐ Glucose, whole blood _____
☐ Iron, total _____
☐ TIBC _____
☐ Lactate dehydrogenase (LDH) _____
☐ LDH isoenzymes _____
☐ Lactic acid _____
☐ Magnesium _____
☐ Osmolality _____
☐ Phosphorus _____
☐ Potassium _____
☐ PSA _____
☐ Sodium _____
☐ Total protein _____
☐ Triglycerides _____
☐ Troponin—1 _____
☐ Urea nitrogen _____
☐ Uric acid _____
☐ Vitamin B-12 _____

Annual Volume _____

320 Urinalysis

- ☐ Dipsticks _____
☐ Microscopy _____

Annual Volume _____

330 Endocrinology

- ☐ Cortisol _____
☐ Estradiol _____
☐ Estriol _____
☐ Free thyroxine (free T-4) _____
☐ FSH _____
☐ Human chorionic gonadotrophin, serum (HCG) _____
☐ Human chorionic gonadotrophin, urine (HCG) _____
☐ LH _____
☐ Progesterone _____
☐ Prolactin _____
☐ Testosterone _____
☐ Thyroid-stimulating hormone (TSH) _____
☐ Thyroxine (T-4) _____
☐ Triiodothyronine (T-3) _____
☐ T-3 uptake _____

Annual Volume _____

340 Toxicology

- ☐ Acetaminophen _____
- ☐ Alcohol, blood _____
- ☐ Amikacin _____
- ☐ Blood lead _____
- ☐ Carbamazepine _____
- ☐ Digoxin _____
- ☐ Drug screen _____
- ☐ Drug confirmation _____
- ☐ Ethosuximide _____
- ☐ Gentamicin _____
- ☐ Lidocaine _____
- ☐ Lithium _____
- ☐ Phenobarbital _____
- ☐ Phenytoin _____
- ☐ Primidone _____
- ☐ Procainamide (and metabolite) _____
- ☐ Quinidine _____
- ☐ Salicylates _____
- ☐ Theophylline _____
- ☐ Tobramycin _____
- ☐ Valproic acid _____

Annual Volume _____

400 Hematology

- ☐ Erythrocyte count (RBC) _____
- ☐ Hematocrit _____
- ☐ Hemoglobin _____
- ☐ Leukocyte count (WBC) _____
- ☐ Platelet count _____
- ☐ Eosinophil count _____
- ☐ Automated WBC differential _____
- ☐ Manual WBC differential _____
- ☐ Retic count _____
- ☐ Sickle cell _____
- ☐ ACT/bleeding time _____
- ☐ Factor assay _____
- ☐ Fibrinogen _____
- ☐ FDP _____
- ☐ Partial thromboplastin time (PTT) _____
- ☐ Prothrombin time _____
- ☐ Thrombin time _____
- ☐ Sedimentation rate _____
- ☐ Semen analysis _____
- ☐ CSF/body fluid counts _____

Annual Volume _____

510 ABO and Rh type

- ☐ ABO group _____
- ☐ D(Rho) type _____

Annual Volume _____

520 Ab detection transfusion

- ☐
- Unexpected antibody detection _____

Annual Volume _____

530 Ab detection nontransfusion

- ☐ Unexpected antibody detection _____

Annual Volume _____

540 Antibody ID

- ☐
- Antibody identification _____

Annual Volume _____

550 Compatibility testing

Annual Volume _____

610 Histopathology

Annual Volume _____

620 Oral pathology

Annual Volume _____

630 Cytology

Annual Volume _____

800 Radiobioassay

- ☐ Schilling test _____
- ☐ Blood volume _____

Annual Volume _____

900 Clinical cytogenetics

- ☐ Cytogenetics _____
- ☐ Molecular diagnostics _____

Annual Volume _____

List all other tests performed and annual test volume.

This statement to be signed by owner or person legally authorized to bind the owner and the laboratory director.

I declare under penalty of perjury that foregoing statements are true and correct.

Director signature

Name (typed)

Date	
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Owner signature

Name (typed)

Date
